ONIO DEPARTMENT TRAFFIC CRASH	LOCAL REPORT NUMBER*						
OH-2 OH-3	2,0,2,1,-,0,0,0,1,8,7,9,6,						
PHOTOS TAKEN X OH-1P OTHER	REPORTING AGENCY NAME*	NCIC*	HIT/SKIP NUMBER				
SECONDARY CRASH PRIVATE PROPERTY	City of Kent Police	0 6 7 0 3	1 - SOLVED 0	2 0 2 98 - ANIMAL 99 - UNKNOWN			
1-CITY	VILLAGE, TOWNSHIP*		CRASH DATE / TIME*	CRASH SEVERITY			
6 7 1 3-TOWNSHIP Kent			11111120211/1183	3 2 - SERIOUS INJURY			
S - SOUTH	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREE	SUSPECTED 3 - MINOR INJURY			
	CHERRY	ST	411,13,5,5,4,7				
ROUTE TYPE ROUTE NUMBER PREFIX N - NORTH S - SOUTH E - EAST W - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOL	USE #) ROAD TYPE	LONGITUDE DECIMAL DEGREE				
$\begin{bmatrix} S & R \end{bmatrix} \begin{bmatrix} 2 & 6 & 1 \end{bmatrix} \begin{bmatrix} E - EAST \\ W - WEST \end{bmatrix}$		1_1_	811 3 8 4 5 6 6	5 - PROPERTY DAMAGE ONLY			
REFERENCE POINT DIRECTION 1-INTERSECTION FROM REFERENCE AL ALORETH IR -	and the state of t	ROAD TYPE IW-HIGHWAY RD - ROAD		TION RELATED			
1 2-MILE POST 1 S-SOUTH US-		A - LANE SQ - SQUARE	WITHIN INTERSECTION OR ON APPROACH				
3-HOUSE # E-EAST W-WEST SR-	STATE ROUTE BL - BOULEVARD N	MP - MILEPOST ST - STREET OV - OVAL TE - TERRACE	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES				
FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT - COURT P	PK - PARKWAY TL - TRAIL	ROADWAY				
2 2-FEET	ROUTE	PI - PIKE WA - WAY	ROADWAY DIVIDED				
LOCATION OF FIRST HARMFUL EVEN			NIDERTIAN OF TRANSI	MENANTVA			
1 - ON ROADWAY 9 - CROSSOVER	1 - NOT COLLISION 4 -		DIRECTION OF TRAVEL N - NORTH	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN			
0 1 2-ON SHOULDER 10-DRIVEWAY/ 3-IN MEDIAN 11-RAILWAY G	TWO MOTOR	BACKING ANGLE	S - SOUTH	(<4 FEET) 2 - DIVIDED FLUSH MEDIAN			
4 - ON ROADSIDE 12-SHARED US	E PATHS OR TRANSPORT 7-	SIDESWIPE, SAME DIRECTION	E - EAST W - WEST	(≥4 FEET)			
5-ON GORE TRAILS 6-OUTSIDETRAFFIC WAY 13-BIKE LANE		· SIDESWIPE, OPPOSITE DIRECTION · OTHER / UNKNOWN		3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN			
7 - ON RAMP 14-TOLL BOOT	н			(ANY TYPE) 9 - OTHER/UNKNOWN			
B-OFF RAME		OF ORACH THE WORK TOUR	CONTOUR CON	IDITIONS SURFACE			
WORK ZONE RELATED		OF CRASH IN WORK ZONE SEFORE THE 1ST WORK ZONE	ZONE				
	EANTE SITTI FOROGSOVER	WARNING SIGN ADVANCE WARNING AREA	1 - CONCRETE				
LAW ENFORCEMENT PRESENT	OR MEDIAN	FRANSITION AREA	2 - BLACKTOP,				
l —	1	ACTIVITY AREA FERMINATION AREA	3 - CURVE LEVEL 3 - SNOW	BITUMINOUS, ASPHALT			
			4 - CURVE GRADE 4 - ICE	3 - BRICK/BLOCK			
LIGHT CONDITION 1 - DAYLIGHT	WEATHER 1-CLEAR 6-SNOW		9 - OTHER/UNKNOWN 5 - SAND, OIL, GF				
4 2-DAWN/DUSK	0 1 2-CLOUDY 7-SEVERE C		6 - WATER	R (STANDING, 5-DIRT			
3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED	3-FOG, SMOG, SMOKE 8-BLOWING 4-RAIN 9-FREEZING	SAND, SOIL, DIRT, SNOW GRAIN OR FREEZING DRIZZLE	7 - SLUSH	9 - OTHER/IINKNOWN			
5 - DARK – UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL 99 - OTHER /	UNKNOWN	9 - OTHER	VUNKNOWN			
NARRATIVE				Indicate the north direction with an "N" on the			
Unit 1 was in the southbound	ane stopped at the stop			compass diagram.			
sign at the intersection of Che	erry St and SR 261.						
Unit 2 was driving southbour							
approaching the intersection							
stop in time and hit the rear				Not To Scale			
were no injuries and the driv	er of Unit 2 was cited		I I				
for ACDA			5	HY 261			
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME ARR	IVAL DATE / TIME	SCENE CLEARED DATE / TIM				
111111201211/183411111		2,0,2,1,/,1,8,4,2,	1,1,1,1,2,0,2,1,/,1,9	POLICE AGENCY			
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUT			CHECKED BY OFFICER'S NAME*				
	Falcone, Brandon OFFICER'S BADGE NUMBER*	· · · · · · · · · · · · · · · · · · ·	Short, Jason M CHECKED BY OFFICER'S BADGE NUMBER* SUPPLEMENT (CORRECTION OR ADDITH TO ALL STRING SHORT SHAT TOOLS TO ALL STRING SHAT SHAT SHAT SHAT SHAT SHAT SHAT SHAT				
0,0,0,0,3,0,0,7			8 I				



2,0,2,1,-,0,0,0,1,8,7,9,6, OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS ORIVER! DAMAGE OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER 0 | 2 | BRAZILE, LINDSAY, J DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X) SAME AS DRIVER 1 - NONE 3 - FUNCTIONAL DAMAGE 3 2 - MINOR DAMAGE 730 MOHAWK AVE ,Akron ,OH 44305 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP 9 - UNKNOWN COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE DAMAGED AREA(S) INDICATE ALL THAT APPLY LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION # VEHICLE YEAR **VEHICLE MAKE** OH HLF2156 2 | 0 | 1 | 5 Nissan INSURANCE COMPANY **INSURANCE POLICY #** COLOR VEHICLE MODEL INSURANCE VERIFIED **PROGRESSIVE** 02604930 ALTIMA MAR TYPE of USE US DOT # TOWED BY: COMPANY NAME GOVERNMENT IN EMERGENCY RESPONSE COMMERCIAL HAZARDOUS MATERIAL **VEHICLE WEIGHT GVWR/GCWR** MATERIAL #OCCUPANTS INTERLOCK CLASS # PLACARD ID # 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. HIT/SKIP UNIT RELEASED DEVICE PLACARD 0 1 2 」3 - >26K LBS. 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12-GOLF CART 18-LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 0 1 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20-OTHER VEHICLE 25 - OTHER NON-MOTORIST UNIT TYPE 4 - PICK UP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE BICYCLE 5 - CARGOVAN 16-FARM FOUIPMENT 22 - ANIMAL WITH RIDER OR 27 TRAIN 11 - ALL TERRAIN VEHICLE ANIMAL-DRAWN VEHICLE 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP (ATV / UTV) ____ # OF TRAILING UNITS 12 WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 1 - DRIVER ASSISTANCE 0 4 - HIGH AUTOMATION J 1-YES 2-NO 9-OTHER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS 1 - NONE 6 - BUS - CHARTER/TOUR 11.FIRE 16.FARM 21 - MAIL CARRIER 0 1 2 - TAXI 7 - BUS - INTERCITY 12-MILITARY 17 - MOWING 99-OTHER/UNKNOWN SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13-POLICE 18 - SNOW REMOVAL FUNCTION 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14-PUBLIC UTILITY 19-TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15-CONSTRUCTION EQUIPMENT 20-SAFETY SERVICE PATROL 12 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER R - POLE 12 - CONCRETE MIXER 0 1 CARGO / NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGOTANK 13-AUTOTRANSPORTER 4 - LOGGING 2 - BUS 6 - CARGO VAN/ENCLOSED BOX 10-FLAT BED 14-GARBAGE/REFUSE BODY 7 - GRAIN/CHIPS/GRAVEL 11. DIIMP 99-OTHER/UNKNOWN TYPE • 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICKTIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEFRING 10-DISABLED FROM PRIOR R - TRAILER FOULPMENT DEFECTS 3 - TAIL LAMPS 6 - TIRE BLOWOUT DEFECTIVE ACCIDENT -NO DAMAGE [0] - UNDERCARRIAGE [14] 1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12-FIRST RESPONDER CROSSWALK AT INCIDENT SCENE 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE **∏-TOP** [13] T-ALL AREAS [15] 10 - DRIVEWAY ACCESS NON-MOTORIST 2-INTERSECTION - UNMARKED CROSSWALK 99-OTHER/UNKNOWN 11 - SHARED USE PATHS OR 8 - SIDEWALK LOCATION CROSSWALK - UNIT NOT AT SCENE [16] 5 - TRAVEL LANE - OTHER LOCATION TRAILS AT IMPACT 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING B - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 3 0 - NO DAMAGE 14 - UNDERCARRIAGE 1 3 - CHANGING LANES SPECIFIED LOCATION 19-STANDING 3 - STRIKING 9 - LEAVING TRAFFIC LANE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 15 - WALKING, RUNNING. ACTION 4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 10-PARKED 20 - OTHER NON-MOTORIST 1,2, DIAGRAM JOGGING, PLAYING 99 - UNKNOWN 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN 21 - STANDING OUTSIDE 11 - SLOWING OR STOPPED 13 - TOP 16-WORKING DISABLED VEHICLE & STRUCK INTRAFFIC 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN 9-OTHER/UNKNOWN 12 - DRIVERLESS 1-NONE 7-LEFT OF CENTER 13-IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY TRAFFICWAY FLOW TRAFFIC CONTROL PARKED POSITION 2 - FAILURE TO YIELD 8-FOLLOWING TOO CLOSE / ACDA 18-OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 14-STOPPED OR PARKED 3 - RAN RED LIGHT EQUIPMENT 9-IMPROPER LANE CHANGE 23 - OPENING DOOR INTO _0 _| 8 _| 2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN ILLEGALLY 19 - LOAD SHIFTING/FALLING/ 4 - RAN STOP SIGN 10-IMPROPER PASSING ROADWAY 3 - FLASHER 6 - NO CONTROL CONTRIBUTING 5 - UNSAFE SPEED 15 - SWERVING TO AVOID SPILLING 99-OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IN PROPER CROSSING # OF THROUGH LANES RAIL GRADE CROSSING 6-IMPROPERTURN 12-IMPROPER BACKING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2__ 2 - INVOLVED-ACTIVE CROSSING NON-COLLISION 3 - INVOLVED-PASSIVE CROSSING 1 2 0 1 - 0 VENTON 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE OPPOSITE DIRECTION OF 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM **EQUIPMENT** TRAVEL UNIT / NON-MOTORIST DIRECTION 23 - STRIICK BY FALLING 18-ANIMAL - DEER 3 - IMMERSION B - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 1 - NORTH 5 - NORTHEAST 19 - ANIMAL - OTHER 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT ANYTHING SET IN MOTION 13-OTHER NON-COLLISION 20 - MOTOR VEHICLE IN 2 - SOUTH 6 - NORTHWEST 5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN BY A MOTOR VEHICLE 14-PEDESTRIAN TRANSPORT FROM 1 TO 2 3 - FAST 7 - SOUTHEAST LOSS OR SHIFT 24-OTHER MOVABLE CBJECT 15-PEDALCYCLE 21 - PARKED MOTOR VEHICLE 8 - SOUTHWEST 4 - WEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / UNKNOWN 25 - IMPACT ATTENUATOR 31 - GUARDRAH END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE / CRASH CUSHION **EQUIPMENT** 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH **UNIT SPEED** DETECTED SPEED 26 - BRIDGE OVERHEAD 51 - WALL 33 - MEDIAN CABLE BARRIER 39-LIGHT/LUMINARIES 45 - EMBANKMENT 1 - STATED / ESTIMATED SPEED STRUCTURE 34 - MEDIAN GUARDRAIL SUPPORT 52 - BUILDING 46-FENCE 0 1 5 27 - BRIDGE PIER OR ABUTMENT AN JUSTILITY POLE BARRIER 53 - TUNNEL 2 - CALCULATED / EDR 47 - MAILBOX 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54 - OTHER FIXED OBJECT 4R.TREE 3 - UNDETERMINED POSTED SPEED 29 - BRIDGE RAIL BARRIER OR SUPPORT 99 OTHER/UNKNOWN 49-FIRE HYDRANT 36 - MEDIAN OTHER BARRIER 30 - GUARDRAIL FACE 42 - CULVERT 3 5 1 MOST HARMFUL EVENT J FIRST HARMFUL EVENT

LOCAL REPORT NUMBER

OHIO DEI	OCCUPANT / WITNESS ADDENDUM					LOCAL REPORT NUMBER						
TO THE PARTY OF COURSE A STATE OF THE STATE					2,0,2,1,-,0,0,0,1,8,7,9,6,							
UNIT#	UNIT # NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER						
01	01 SIAS, MICHAEL, JOSEPH					08/27/1972 4 9 M						
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE				
ADDRESS:	STHY 1	4 ,Streetsboro	,OH 4424	1			L					
IMINKIES	INJURED TAKEN	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FAC	LITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED					
5	BY					0.4	MC HELMET 0 3 1 1 1 1					
UNIT#	l	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER					
01		MELISSA, F			·.		08/07/1972 4 9 F					
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
3	8292 STHY 14 ,Streetsboro ,OH 44241 INJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT											
	TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED A		DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPE MC HELMET 0 4 1 1 1 1 1						
5		T, FIRST, MIDDLE		*****		0.4				_1		
# TINU # 01		ER, MAZZY					DATE OF BIRTH AGE GENDER					
	STREET, CITY,			36471			CONTACT PHONE - INCLUDE AREA CODE					
ñ		4 Streetsboro .	OH 44241	1			CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURED	EMS AGENCY (NAME)	, - 1 1 1 1 1 1	INJURED TAKEN TO: MEDICAL FACI	CILITY (NAME, CITY) SAFETY EQUIPMENT			SEATING POSITION AIR BA	G USAGE EJECTION	TRAPPED		
5	TAKEN BY				,	USED 0 5	DOT-COMPLIANT MC HELMET	0 6 1	1 . 1 .	1		
UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH	AGE	GENDER		
02							1 0 / 3 1 / 2 0 1 7 0 4 M					
ADDRESS							CONTACT PHONE - INCLUDE AREA CODE					
Address 730 M	OHAW	K AVE ,Akron	,OH 4430)5								
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)	X 22	INJURED TAKEN TO. MEDICAL FAC	ILITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION AIR BA	G USAGE EJEUTION	'ED		
_ 5_	5 BY					MC HELMET	0 6 1	1 1	1			
WAR HOLD	INJU	RIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION	AIR B	AG USAGE			
E SYSTEM	I Except Color or manifest the Color of the		1 - NONE US	ED - 1 - FRONT - LEFT SIDE OCCUPANT (MOTORCYCLE DRIV		1 - NOT DE		ED				
	2 - SUSPECTED SERIOUS INJURY			DER BELT ONLY USED 2 - FRONT - MIDDLE			2- DEPLOYE					
APRIL DESIGNATION	3 - SUSPECTED MINOR INJURY		3 - LAP BEL	LT ONLY USED 3 - FRONT - RIGHT SID			3 - DEPLOYED S					
	4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 4 - SHO		4 - SHOULDI	FR & LAP BELT USED 4 - SECOND - LEFT SID (MOTORCYCLE PAS			4 - DEPLOYED BOTH FRONT/SIDE					
	5 - CHILD			STRAINT SYSTEM - 5 - SECOND - MIDDLE		5 - NOT APPLIC		ABLE				
1 - NOT	and the mark the second and the second and an arrange of the second and the secon			D FACING 6 - SECOND - RIGHT SI ESTRAINT SYSTEM - 7 - THIRD - LEFT SIDE		9 - DEPLOYMENT UNKNOW		TUNKNOWN				
			REAR FA	CING (MOTORCYCLE SIDE		CAR)	CAR) EJECTION					
2 - EMS	2 - EMS 7 - B		7 - BOOSTER	9 - THIRD -		- MIDDLE - RIGHT SIDE		1 - NOT EJECTED				
			8 - HELMET	MET USED 10 - SLEEPE		PER SECTION OF TRUCK CAB		2 - PARTIALLY EJECTED				
9 - OTH	\$\$\text{\$\			TIVE PADS USED 11 - PASSENGER IN OTH CARGO AREA (NON-1			3 - TOTALLY EJECTED					
e eeu	GENDER 10 - REFLEC		10 - REFLECT	VE CLOTHING BUS, PICK-UP WITH CA)	4 - NOT APPLICABLE					
NaC15500250042			G – PEDESTRIAN 12 - PASSENGER IN UNE		NCLOSED	TRAPPED						
U - OTHER / UNKNOWN 99 - OTHER / U		INKNOWN 13 - TRAILING UNIT			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL							
			JJ- OTHERY	OHKHOWH		14 - RIDING ON VEHICLE (NON-TRAILING UNIT)		MEANS 3 - FREED BY NON-MECHANICAL MEANS				
				15 - NON-MOTO								
Mana		And the second s			99 - OTHE	R/UNKNOWN						
1040	ST, FIRST, MIDD	LE					DAT!	E OF BIRTH /	AGE	GENDER		
S ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
×	,,,,					INVESTE AREA CODE						
NAME: LAST, FIRST, MIDDLE					DAT	E OF BIRTH	AGE	GENDER				
ESS.												
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
								<u> </u>				
NAME: LAST, FIRST, MIDDLE					DAT	E OF BIRTH	AGE	GENDER				
SS	, ,											
SS ADDRESS	: STREET, CITY,					<u> </u>	CONTACT PHONE	- INCLUDE AREA COOF				